

## BEST AVAILABLE COPY

MULTIPLE DEPENDENT  
CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/595930

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL DEP.	13	←		←		←	
TOTAL CLAIMS	21	██████████	██████████	██████████	██████████	██████████	██████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
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100							
TOTAL IND.		↓					
TOTAL DEP.		↓					
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████	██████████